

# VANGUARD

Spring 2022

## Prioritizing Health Care for Women Veterans

Women Veterans' unique health needs continue to gain more acceptance

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## The Rise of Employee Experience

*Ensuring all team members feel valued and supported*

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## Breaking Through the Backlog

*This new technology will assist claims processors*

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## Celebrating 100 Years of Service to Veterans

*Winston-Salem VA Regional Office employees mark a milestone*





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[vanguard@va.gov](mailto:vanguard@va.gov)

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Editor: Lisa Gaegler  
Staff Writers: Ann Richardson  
Adrian Wilairat  
Jennifer Sardam  
Art Director: Jeff Pace

# Quick Action Saves a Life

Denis McDonough



**A**s a VA employee, you know our job is to serve Veterans as well as they have served us. It's a job you do so well. The value you bring to the communities where you live and work is equally impressive. Let me share one example.

Nathan Hooker is a cemetery representative at Abraham Lincoln

National Cemetery in Elwood, Ill., and a staff sergeant in the Illinois Army National Guard. He learned CPR in combat lifesaver training before an Afghanistan tour in 2016. He got refresher training in January 2021. For one cemetery visitor, that was a very good thing.

## *Racing to the scene, his training kicked in as he administered CPR.*

Last July, after laying a Veteran to rest, Nathan heard a radio call that someone needed help. An elderly woman had collapsed and stopped breathing. Racing to the scene, his training kicked in as he administered CPR. She's alive today because of him.

I talked with Nathan about his life-saving efforts, experiences serving in the military, and work honoring our heroes. His story of going above and beyond isn't the exception among VA employees, it's the rule.

### ***You had to make a split-second decision when you heard that distress call come in. What went through your mind?***

I felt a sense of duty. I wasn't scared or nervous. I knew how to help this woman. It all fell into place. I did CPR for about 45 seconds. Nothing was working. We removed her dentures so they weren't blocking her airway, and then I continued CPR. I heard a cough and thought, this is working. She started breathing, regaining consciousness. I started talking to her, keeping her calm. Eventually the paramedics got there, and she was back to being herself.

### ***How did you keep calm and carry on when the life-saving efforts you were applying didn't seem to work at first?***

I thought, I have to keep going. Who else is there for her? It was a team effort [with co-workers]. We all did a great

job. I got back to the administration building after they took her to the hospital. I went in the break room and sat down. I called my wife and said, "I think I just saved someone's life." I've never had that feeling before. It's going to be with me for the rest of my life, that's for sure.

### ***What do you like the most about being part of VA?***

Being part of this organization is unlike anything I've ever been a part of. Here, everyone's mission is to serve Veterans and their families. Everyone will go above and beyond for these families. They do it all the time, without any recognition or reward. They do it because they're there to serve the families and be there for the Veterans.

### ***You volunteered to become a member of the National Guard; what prompted you to want to serve your country?***

After high school, I decided to become a police officer. I told one of my professors in college that I wanted to be a cop and have always loved the military, and he said, "Why don't you do both?" I ended up with the National Guard because I could still be in my local community and do law enforcement.

Both of my grandfathers were World War II Veterans, so I started doing military honors at funeral services. I wanted to honor other Veterans like they were honored and that became my passion. I didn't enjoy being a cop as much as I thought I would. I felt like I was meant to do something else. I love doing funerals, so that's when I applied here at the cemetery.

### ***What can you share with us about your deployment with the National Guard?***

I had one tour in Afghanistan, to Kabul. I'm a military police officer in the Guard. As an MP, you get tasked with doing protective service details. I protected generals, high-ranking officials, dignitaries. It was interesting because of how busy it was there and no rules of the road. You made a hole and got to your venue. It was dangerous, but luckily, we didn't have too many incidents.

### ***You are not only part of the VA team, but you will be a Veteran yourself. What are your expectations of VA? What should we be doing?***

I think the expectations are always to be fighting for more benefits, more funding for the health care system or even VA as a whole. I know everything is getting improved and there are more investments and advancements coming out. ♦

**Editor's note:** This interview has been edited for clarity and brevity.

# The Doctor Is In

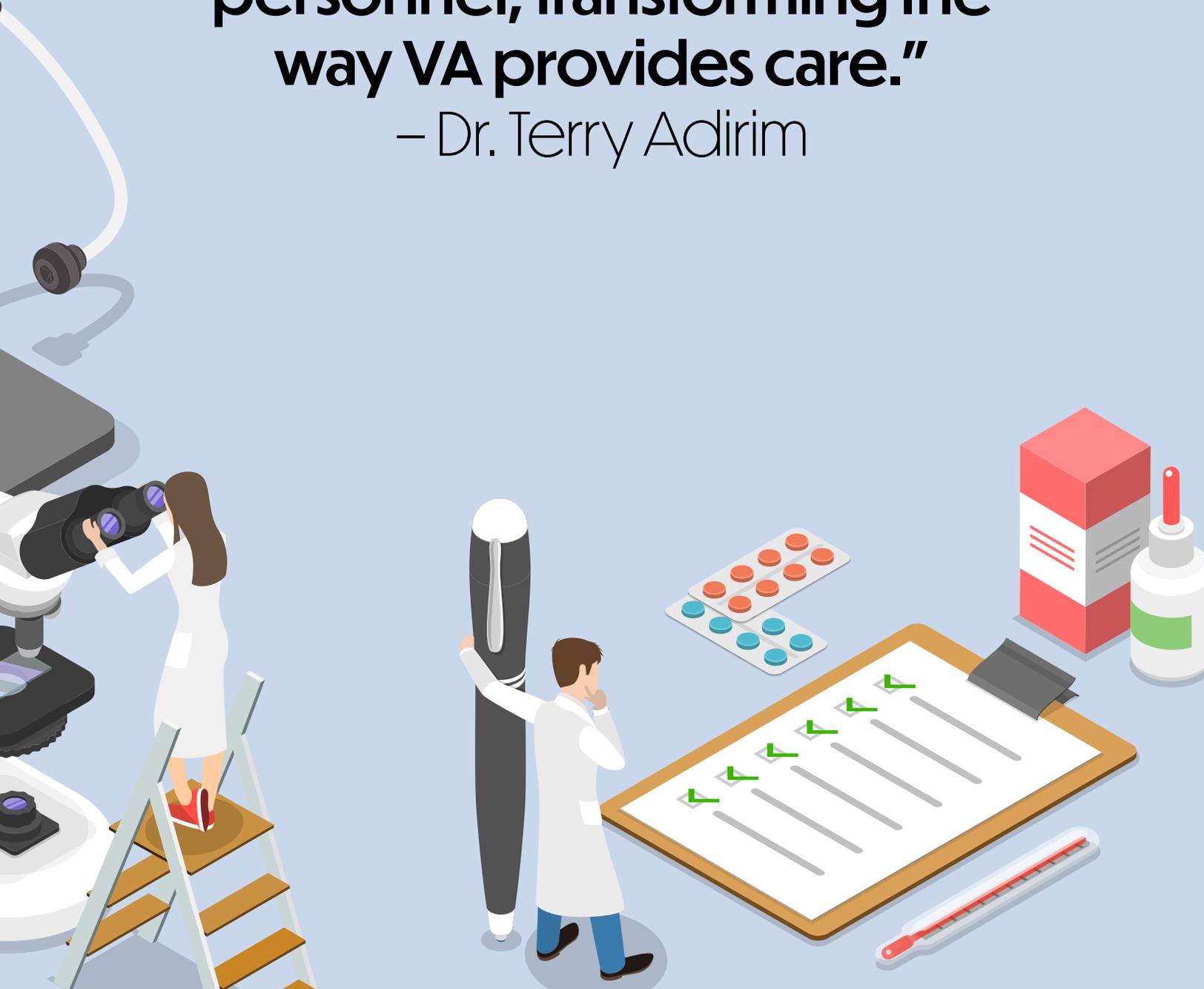
Electronic Health Record Modernization leader gives it a dose of energy

By Electronic Health Record Modernization Integration Office



**“My vision is that the new  
EHR meets the needs  
and expectations of our  
Veterans and health care  
personnel, transforming the  
way VA provides care.”**

– Dr. Terry Adirim



## About Dr. Terry Adirim



**EDUCATION:** Earned a Doctor of Medicine degree, with research distinction, from the University of Miami Miller School of Medicine; earned a Master of Public Health degree from the Harvard School of Public Health and an MBA from the Isenberg School of Management at the University of Massachusetts Amherst. Completed her pediatrics residency at the Children's Hospital of Philadelphia, her pediatric emergency medicine fellowship training at Children's National Hospital in Washington, D.C., and her primary care sports medicine fellowship training at DeWitt Army Community Hospital in Fort Belvoir, Va.

**PERSONAL:** Born and raised in Miami. Married with two adult children, a son and daughter.

**HOBBIES:** Running, cooking and baking (actually prefers watching others cook on Food Network) and reading about history.



**D**r. Terry Adirim has always been passionate about connecting to her community. The new program executive director for VA's [Electronic Health Record Modernization Integration Office](#) (EHRM IO), Adirim arrived in December 2021, and quickly bonded with professionals in the department's Veterans Health Administration (VHA).

In her first few months at VA, the physician spent much of her time making connections. The kinship with other health care professionals came easily for Adirim, a pediatric emergency medicine physician whose 30-year career spans clinical academic medicine and federal government service.

Since her arrival, she has shared her vision for VA's priority program with health care personnel at town halls; met with lawmakers charged with oversight of the initiative; and spoken with Veterans whose lives will be transformed by the new electronic health record, which stores health information and tracks patient care.

Adirim is making it clear she wants to listen to, support and empower everyone who has a stake in the EHRM program. She believes this is crucial to the success of the \$16 billion effort to replace the department's 40-year-old legacy electronic health record (EHR) system.

Complex, costly and high visibility, the VA EHRM overhaul is arguably the largest ever undertaken by any organization, affecting more than 9 million Veterans enrolled in the nation's largest integrated health care system.

But Adirim believes she is the right person for the job—and VA senior officials agree, selecting her to lead the effort following a months-long [strategic review](#) and general restructuring of the program.

During a VA-wide employee town hall in February, Deputy Secretary Donald Remy, to whom Adirim reports, said, "Dr. Adirim brings some excellent experience to VA and this task. She's a physician, and she has first-hand experience deploying electronic health records."

For now, Adirim is focused on the balancing act of converting naysayers, mobilizing a diverse group of stakeholders, while planning the implementation of the new EHR system at future VA facilities. She recently spoke to *Vanguard* magazine about her background, leadership style and vision for VA's priority program.

### ***What do you want Veterans to know about how the new EHRM effort will impact their lives?***

What I want Veterans to know is that I'm coming at this as a health care provider who cares very much about the patient experience. This effort is about modernizing an old system that has served VA well over the last almost 50 years, but it's time for it to be replaced.

This [EHR] is a more modern system that will allow VA to leverage the best of commercial practices and the best of VA care, so we can deliver the best top-line care for Veterans. It's really an opportunity for VA to transform how we deliver care.

### ***What do you believe is the new EHR's biggest challenge?***

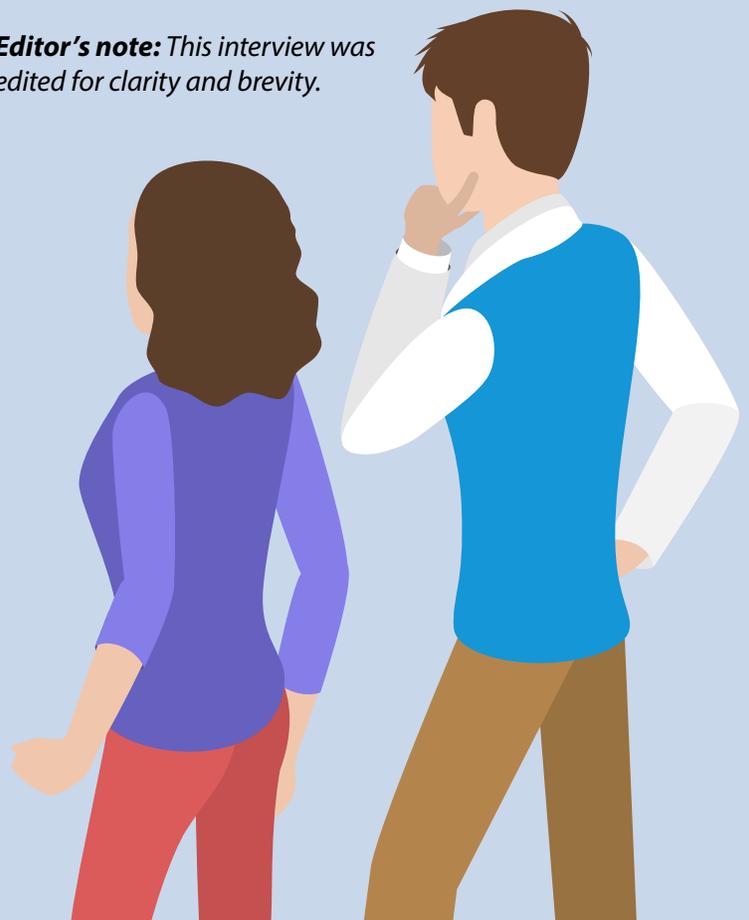
There are many challenges to the program. But the two that are perhaps the biggest and weigh on my mind—and that I've been working on since I started—are, one, to ensure that we have the right people with the right skills in the right places. And we're addressing this by hiring people with those right skills. I want the best and brightest working on this project.

Another challenge that I've found is helping people understand what this EHR implementation is, and is not, and why we're doing it. It's not just an IT implementation, though improving the IT infrastructure is critical and an opportunity for VA. It's a business and health care delivery transformation, and this is VA's opportunity to use this new tool to drive improvements on behalf of Veterans. It's hard work. But I believe, in the end, it'll be worth it.

### ***What is your vision for the program?***

My vision for this program is that the new EHR meets the needs and expectations of our Veterans and VA health care personnel, transforming the way VA provides care. This system will make it easier for VA clinicians, staff and community health care providers to access a Veteran's full medical history on a single platform without them or their providers needing to track down previous information. ♦

**Editor's note:** *This interview was edited for clarity and brevity.*

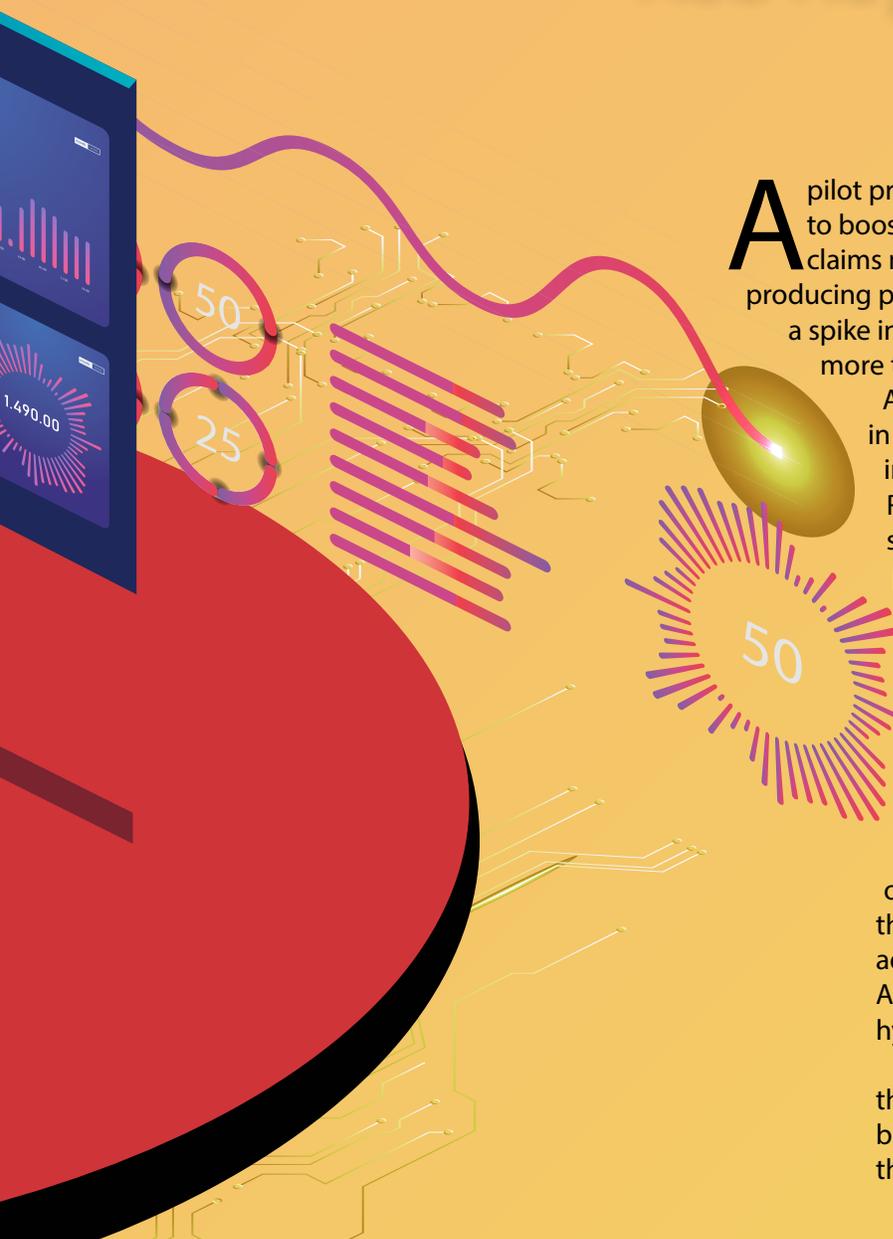


# Breaking Through the Backlog

By Adrian Wilairat



**“This new technology will assist claims processors in making fast, accurate, consistent and equitable claim decisions for Veterans.”**  
– Rob Reynolds



**A** pilot program launched earlier this year using technology to boost VA's efforts to process disability compensation claims more efficiently and reduce the recent backlog is producing promising results. A variety of factors contributed to a spike in the backlog, or the number of claims pending for more than 125 days, over the past few years.

As the coronavirus spread throughout the country in early 2020, social distancing measures limited in-person work, delaying the National Personnel Records Center's retrieval of documents and scanning records into VA's electronic claims processing system. Additionally, VA suspended disability compensation exams to protect the health and safety of employees and Veterans. The backlog rose from 70,000 before the start of the pandemic to more than 200,000 in late 2020.

New laws have also contributed. The Blue Water Navy Vietnam Veterans Act of 2019 expanded the definition of qualifying service for Agent Orange exposure, increasing the number of Veterans with potential claims. After passage of the 2021 National Defense Authorization Act, VA added three new conditions related to exposure to Agent Orange and other herbicides: bladder cancer, hypothyroidism and Parkinsonism.

These laws are critical to ensuring Veterans receive the disability compensation they need and deserve, but they will also increase the backlog by leading to the filing of more claims—perhaps millions.

## ***Automation and data sharing***

To reduce the backlog, VA began a pilot program in December 2021 to speed up claims processing through automation and data sharing. “Automation is the way that we’ll really break through this backlog and get Vets their earned benefits as quickly as possible,” Secretary Denis McDonough said at a press conference on Jan. 18.

The program created the Office of Automated Benefit Delivery. Housed within the Veterans Benefits Administration (VBA)’s Boise Regional Office, it uses rules-based computer algorithms to automate as much of the claims process as possible.

This electronic process eliminates unnecessary medical exams and speeds up administrative functions. It also reduces manual processes, decreasing the number of human errors that inevitably occur, such as accidentally inputting the wrong figures or simply mistyping.

Through its algorithms, the electronic system determines whether there is enough medical evidence to establish a Veteran’s disability rating. If enough evidence exists, the system pulls data from VBA and Veterans Health Administration (VHA) databases, including information about Veterans’ military records, medical history and previous claims. Such data sharing enables the system to confirm claims’ validity, quickly pre-populate the rating calculator, and make a preliminary decision.

If, however, there is not enough medical information available to propose a decision, the system automatically requests the scheduling of a medical exam to obtain the necessary information from the Veteran or determine a connection between military service and the condition.

## ***Hiring more claims processors***

Regardless of how the program classifies a claim, all decisions are ultimately made by VBA claims processors. These trained experts use their knowledge, experience and discretion, which cannot be replicated or replaced by a computer algorithm.

As more claims are processed more quickly, the program is bolstering its workforce by hiring more claims processors; VBA had already hired an additional 1,650 claims processors by late April, with more on the way. Many of these adjudicators are working overtime to process claims as quickly as possible. As with traditional claims processing, decisions made through the program can be reviewed by the Board of Veterans’ Appeals.

The program emphasizes both efficiency and accuracy. If the system has the requisite medical information, a rating decision can be made as quickly as one or two days after receiving the claim—sometimes even faster.

When sufficient medical evidence is unavailable, an automated medical exam is requested, with decisions for those being made in an average of 20 days, several weeks quicker than had been anticipated. The automated process produces claim decisions in an average of fewer than 15 days, significantly faster than the traditional process’s average of more than 100 days.

“This new technology will assist claims processors in making fast, accurate, consistent and equitable claim decisions for Veterans,” said Rob Reynolds, acting Deputy Under Secretary for the Office of Automated Benefit Delivery.

As of April, VBA had decided 927,000 cases, a record high for this point in a fiscal year. The program is currently processing claims from service-related hypertension and asthma—two of the most common conditions for which claims are submitted—and plans to introduce three new conditions to automated processing each quarter.

VA still has many claims to process to further reduce the backlog; as of April, VA had reduced the backlog to 230,000 pending claims. But the department is committed to enhancing and expanding its technological capabilities to provide Veterans with the compensation they have earned and deserved. ♦

# Finding His Calling Helping Incarcerated Veterans

By Jennifer Roy

Henry Molden knew from an early age he wanted to work in the field of criminal justice. Growing up with a mother who was a nurse at a local prison, he'd hear stories that would pique his interest. It's no surprise this Army Veteran is now a Veterans Justice Outreach Specialist at the Michael E. DeBakey VA Medical Center in Houston.

As a Veteran himself, Molden felt drawn to work with Veterans and started at a Vet Center in 2007. At the five-year mark, he learned about a new Veterans Justice Outreach Program and applied for a position.

"At the time I learned about the job, I didn't even know VA was trying to help these Veterans," said Molden, who immediately knew this profession was what he was meant to do.

Veterans Justice Outreach Specialists are responsible for coordinating with local partners and direct outreach, assessment and case management for justice-involved Veterans in courts and jails.

"The work I'm doing now is like a dream job for me," said Molden. "At the Vet Center, my focus area was working with incarcerated Veterans. At that time, the Veterans Justice Outreach Program had not been established, so my Vet Center experience thoroughly prepared me for this position."

## Developing innovative strategies

The Veterans Justice Outreach Program identifies justice-involved Veterans and works with them to access VA services at the earliest opportunity. The program also builds and maintains partnerships with key elements of the criminal justice system.

As a member of the team building this new program, Molden played a significant role in developing

innovative strategies to assist incarcerated Veterans. This included working to have jail officials send enrollment forms directly to the VA eligibility office to streamline the process, so Veterans are enrolled with VA before they are released.

redirect Veterans from jail to VA residential treatment programs and contracted programs; and connecting Veterans with Veteran Readiness and Employment (VR&E) services.

Helping Veterans create a Community Re-entry Plan with goals,



Henry Molden, Veterans Justice Outreach Specialist at the Michael E. DeBakey VA Medical Center in Houston, talks with Veterans in the county jail.

Courtesy of Henry Molden

Many Veterans face an elevated risk of homelessness after release. To fix this problem, Molden works tirelessly with VA transitional housing programs, residential treatment programs and contracted residential treatment programs before Veterans are released.

"In the past, if you were going to be homeless when released, the jail officials would say, 'Hey, take the number to the National Call Center for Homeless Veterans,'" said Molden. "Now, we solve that issue before a Veteran gets out. The gold standard is for an individual to have a place and know where they're going before they're released."

## Seamless transition after release

Molden has spent countless hours educating and assisting Veterans with their VA benefits; coordinating assistance in jail such as medications, mental health treatment and substance abuse counseling; coordinating with attorneys to

objectives and solutions to barriers are critical elements of the process.

"I had one Veteran incarcerated in the Harris County Jail and worked with him for about five months. He memorized my telephone number just as many others have done," said Molden. "This guy served five years. When he got out, he called to thank me. He said the information I gave him helped him have a seamless transition coming out of prison."

"Just to be a part of such success stories and to have someone calling you and saying, 'Thanks. The information and support you gave me really made the difference and helped me get through one of the roughest times of my life.' That feels amazing and to see him now on the right track shows what a difference we all can make." ♦

Roy is a Public Affairs Specialist with the Dallas Regional Office of Public Affairs.

# Around VA



## Biloxi VA Hosts Mardi Gras Parade for Veterans

By Bruce Cummins

**G**ulf Coast Veterans Health Care System employees provided Veterans at the organization's facility in Biloxi, Miss., the opportunity to participate in a Gulf Coast tradition Feb. 24 on the campus grounds.

The Mardi Gras parade, organized by Recreation Therapists Scarlet Cox, Aja Guice and Alona Thompson, involved staff from several areas.

"Our Veterans love celebrating seasonal events and we wanted to make sure they had an opportunity to enjoy the Mardi Gras season even with CDC recommendations and VA guidelines in place," Cox said. "With only a few weeks to plan, we were just hoping to have around 30 parade participants, but more than 50 organizations showed up, making this one of the best parades we have had on campus."

Participants in the parade included Police, Chaplain and Recreation Therapy Services, as well as local Veterans Service Organizations (VSOs); area automobile and motorcycle clubs; the Gulfport-based Krewe of Gemini; City of Biloxi Honor Guard and law enforcement representatives; volunteers from the Naval Construction Battalion Center; St. Patrick's Fighting Irish Band; The Salvation Army and Veteran families.

Cox added that VSOs donated moon pies to be thrown among nearly 200 spectators during the 45-minute parade.



Wayne Alley

Community volunteers participate in the Gulf Coast Veterans Health Care System Mardi Gras Parade.

"Our Veterans have missed attending festive community activities, so we really wanted to make this one special," Guice said. "We wanted all Veterans in our facility to be included and thanks to our wonderful staff, we were able to make that happen."

Cox said more than 80 Veterans reside at the Biloxi VA Medical Center, and through CDC guidelines and VA restrictions, visitation and excursions over the past few years have been limited due to the ongoing global health crisis.

"Seeing the delight and joy on their faces is what makes the hard work worth it and why we keep doing what we do," said Thompson. ♦

*Cummins is a Public Affairs Specialist with Gulf Coast Veterans Health Care System.*

## Off-Duty VA Police Officer Helps a Veteran in Need

By Angela Smith

It was 6 p.m. and police officer Paul Hicks had worked a 12-hour shift at the John J. Pershing VA Medical Center in Poplar Bluff, Mo. Home was almost an hour north, but the day was nearly over.

As Hicks headed for the parking lot, his wife called. While driving home, she had seen an elderly man sitting on the side of the highway about 30 miles north. It would soon be dark, and the man wouldn't be visible to traffic. She had contacted local law enforcement but was told they had no one available at that time.

The officer got in his car and headed north. He saw a man sitting on a guardrail. He pulled over, got out of his car and approached.

The ensuing conversation revealed the man ("Joe") was homeless. The more they talked, the more confused Joe's answers became. There was one thing Joe did know for sure, though. He was a Veteran.

Joe was hungry, so they drove to the nearest town. Hicks contacted the county sheriff's office and bought Joe a taco salad.

As the Veteran ate, Hicks asked if Joe had ever been to VA. He had tried VA years ago and had not been satisfied. Hicks explained that things had changed and asked if he would be willing to give the John J. Pershing VA Medical



Police officer and good Samaritan Paul Hicks.

Center a try. Joe consented and Hicks called ahead to ensure services would be available.

The county deputy arrived and said he wouldn't be able to take Joe back to the medical center, so Hicks and Joe headed south. Half an hour later, they arrived at the facility, where employees were waiting to help. Joe was set up to receive services and had a safe place to spend the night. Officer Hicks could head home. ♦

*Smith is Chief of Communications at the Poplar Bluff VA Medical Center.*

## Facility Dog Makes a Special Visit in Muskogee

By Tiffani Mathews

When the pandemic hit, Honor found herself at home, cut off from her beloved job and people at the Jack C. Montgomery VA Medical Center. She dreamed about the day she'd see them again, get a pat on the head, scratch behind the ear, and maybe even a treat or two.

Honor is a 4-year-old Golden Retriever who proudly holds the position of facility dog at the medical center. That's where, pre-pandemic, you'd typically find her, alongside her handler and caretaker Terri Woodworth, Administrative Officer for Social Work Service.

Walking through the hospital's main entrance recently, she greeted every Veteran she passed. She remembered her friend at the Information Desk always had a treat for her, so she made sure to stop

there before heading to her office for the day.

Honor has been a dedicated member of the Eastern Oklahoma VA Health Care System team since 2018, shortly after Woodworth adopted her.

"I was speaking to a local organization about VA services when I was told about Honor," said Woodworth. "They told me she was being trained as a service dog. However, she would never be allowed to be a normal service dog because of an injury she suffered at birth, which left her missing a paw."

After Woodworth adopted Honor, she completed service dog handler training with her. That's when the idea to let Honor use her training at the medical center came to life. Facility dogs, selected for their soft disposition and mild temperament, are extensively trained in obedience



Muskogee VA Medical Center employees Holly Ehrlich, left, and Elizabeth Albright greet facility dog Honor.

and working commands.

Before the pandemic, Honor would visit Veterans upon request and make regular visits to units such as the chemotherapy/infusion clinic, inpatient mental health and hospice/palliative care. Currently, she's limited to special visits only, but that should change as pandemic protocols ease over time. ♦

*Mathews is a Communications Specialist with the Muskogee VA Medical Center.*

## 'Bringing Benefits Home' Event Held for Tribal Veterans

By Jennifer Roy

More than 10 years after hanging up her uniform, Air Force Veteran DeAnn Nibbs LeBeau attended a "Bringing Benefits Home" event in Lawton, Okla., to learn more about enrolling in VA health care and filing a disability claim for the first time.

VA partnered with Lawton Indian Health Service and Fort Sill Apache Tribe of Oklahoma to host the one-day event to identify and assist Veterans across the Southern Plains Region of Oklahoma who may have presumptive disabilities from their military service and be eligible for a VA pension.

"A presumptive claims event is an opportunity for VA to possibly approve a disability claim on the spot or allow a Veteran or widow to speak with a VA claims expert face-to-face, hopefully giving them a clearer understanding of the claims process,"

said Mary Culley, Tribal Relations Specialist with the Office of Tribal Government Relations.

"We can help guide them through next steps, give them a point of contact to call, and provide confidence throughout the claims process."

On site at the event were staff from the Muskogee VA Regional Office, Oklahoma City VA Medical Center, Lawton Vet Center and Oklahoma State Department of Veterans Affairs. The Lawton Indian Health Service was also on site providing COVID-19 vaccine and booster shots as well as flu vaccines.

Nibbs LeBeau was discharged from active duty in 1994 and out of active reserves in 2000. And while she was eligible, she did not think she needed VA benefits at the time.

"Just recently, I started considering the need for VA benefits," said Nibbs



Marine Corps Veteran Harvey Pratt and Army Veteran Ed Wilson collect resources at the presumptive claims event held in Lawton, Okla.

LeBeau. "And after seeing what was available, I realize what a simple process this is, much easier than what you see online. This was a great opportunity for Veterans." ♦

Roy is a Public Affairs Specialist with the Dallas Regional Office of Public Affairs.

## Battle Creek VA: No Marine is Ever Left Alone

By Adam V. Swager

An unclaimed Veteran died last December in Kalamazoo, Mich. No family members were there to hold his hand or advocate for him. But when this Vietnam-era Veteran's funeral was held at Fort Custer National Cemetery on Jan. 20, he was not alone.

Former Marine Corps Corporal Michael Neff was interred with full military honors. He was surrounded by his brothers and sisters-in-arms, as well as several staff members from the Battle Creek VA Medical Center. Those attending ensured the event was a fitting send-off for one of their own.

Coston Smauley is an Emergency Manager with Battle Creek VA. He volunteers with the USMC Reserve Funeral Honors Team in Battle Creek. "When I was asked to assist with Mr. Neff's funeral honors, I felt honored to be there for my fellow Marine," he said.

Members of the Battle Creek VA Public Safety Service were present, and members of the Fire Department escorted Neff to the committal shelter. They stood as pall bearers on that crisp, winter day.

The local Marine Corps Reserve Funeral Honors team presented the flag to members of the local Marine Corps League. Several active-duty Service members were



Marine Corps Corporal Michael Neff was interred with full military honors. present to pay their respects and to ensure Corporal Neff was not forgotten.

Taps and a three-rifle volley were provided by the cemetery's all-volunteer funeral team.

Larry Sweerin, commandant of the Marine Corps League, Kalamazoo Detachment, stood in to receive Neff's military burial flag.

"The funeral director contacted me because Neff was 'Unclaimed,' meaning he did not have a designated next of kin," Sweerin said. "We wanted to make sure we were there so Marines like Neff aren't left alone." ♦

Swager is a Public Affairs Specialist with the Battle Creek VA Medical Center.

# Rural Texas Facility Grows Its Own Pharmacists

By Michael Cole

As our national health care system strains to fill critical positions across the country, West Texas VA Health Care System in Big Spring consistently hires well-trained pharmacists for their rural system by hosting a first-year, post-graduate pharmacist program funded by the Office of Academic Affiliations.

Hosting two residents each year, West Texas VA's Post-Graduate Pharmacy Residency Program, now in its sixth year, is highly successful. Much of that success can be attributed to Clinical Pharmacist and Residency Program Manager Tyson Kubena.

"We have a unique program," said Kubena. "Because we're VA, we can practice at a level that is uncommon in private practice, which is appealing to many pharmacists and pharmacy students."

Pharmacy residents selected for the one-year program are exposed to and trained in more than pharmaceuticals and medication management. "Our residents have the opportunity to work in mental health, primary care, substance abuse treatment, and a host of other areas," said Kubena.

"We focus on developing interpersonal skills necessary for building positive relationships that are critical when working with a Veteran to develop a treatment plan that meets the Veteran's health care goals."

VA pharmacists have authorities not often found in the commercial sector, including prescription writing. "Having prescriptive authority is one reason I chose to pursue a



Pharmacy residents Andrea Feldkamp, left, and Jeny Buechel inventory medications with assistance from Program Director Tyson Kubena, right.

residency with VA," said Andrea Feldkamp. "This authority lifts one barrier to timely access to care because we're able to apply our expertise without having to find time in a doctor's busy schedule to enter the prescription."

A graduate of Ohio State University, Feldkamp plans to stay with VA and pursue a career in the mental health field. She finds the inter-professional dynamic, where the entire health care team works with the Veteran to develop a health care plan, fulfilling, and not what she would experience in the retail sector. ♦

*Cole is a Public Affairs Specialist with the Office of Academic Affiliations.*



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for 24/7 support.

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# The **Rise** of Employee Experience

By Beth Lamb and Corey McCahill



broader, encompassing personal, physical, digital and organizational elements. Together, experience and engagement directly impact the employee and customer experience.

VA's Employee Engagement and Employee Experience teams provide complementary capabilities to create a work environment where all employees can thrive.

As VA Chief Human Capital Officer Tracey Therit explained, "From day one, we want employees to feel welcome, reassured in their decision to join the VA team and to contribute to our mission."

### ***Guided by the Employee Experience Journey Map***

The [EX JOURNEY MAP](#) details progressive stages and key "Moments that Matter" throughout the employee lifecycle, highlighting bright spots and pain points along the way. VA created the federal government's first-ever EX Journey Map, capturing over 11,000 insights from a diverse set of employees in 33 geographic areas.

This effort identified five phases, 23 employment stages and 30 moments that matter (bright spots and pain points) that team members may encounter, from interest in employment with VA through separation.

"The goal really was for us to create an artifact that any VA team member who picked up that map could follow in their own journey through it," said Gill.

### ***Happening now: employee experience efforts***

The Employee Experience Office is partnering with Administrations and Staff Offices across VA to develop tangible tools in response to insights identified from the workforce.

- ESignals (Employee Signals) is a survey platform that will assist in capturing the "voice of the employee" from one-time surveys driven by a particular office to recurring or transactionally triggered surveys tied to key Moments that Matter along an employee's journey with VA. A complement to the annual All Employee Survey, ESignals will function as a tool that

can collect, analyze and act upon experience data in real-time to drive a deeper understanding between VA and its employees.

- In partnership with the Office of Resolution Management, Diversity & Inclusion, the Identity Insights initiative takes an intersectional approach to examining EX across eight identity groups—LGBTQ+, Women, Black/African American, Individuals with Disabilities, Hispanic, Asian American & Pacific Islander, Native American and Age.
- Using the EX Journey Map, VEO is further researching and redesigning critical areas of the employee journey to generate additional insights and prototype tangible solutions for improvement. Beginning with the "Starting Up" and "Developing My Career" stages, VEO is piloting concepts to improve employee satisfaction among new and transfer employees through ActiVAte—an official VA Employee Welcome Kit and a New Employee Buddy Program.
- VEO is working with the Veterans Health Administration to integrate the EX Journey Map with Whole Health resources that are relevant to an employee's well-being, producing a tool kit to help leaders and supervisors support staff.

### ***Being a part of the VA family***

From the moment someone looks at a VA job opening, to the moment they make the decision to depart, everything a VA employee learns, does, sees and feels contributes to their employee experience.

For VA to improve employee experience, we must listen to our VA family at each stage of the employee lifecycle and create personalized, bespoke experiences, leading us to better serve Veterans, their families, caregivers and survivors. ♦

*Lamb is a Program Specialist and McCahill is a Program Analyst with the Veterans Experience Office, Employee Experience Directorate.*



# ABOUT **FACE**

*“I’m happier with myself. Having been in therapy, period, has helped me be in a better place now.”*

*Rogelio “Roger” Rodriguez, Jr  
US Navy (1987 – 1993)  
US Air Force (1993 – 2013)*



PTSD treatment can turn your life around.

For more information visit: [ptsd.va.gov/aboutface](https://ptsd.va.gov/aboutface)

# Prioritizing Health Care for **Women Veterans**

By Adrian Wilairat



Women Veterans' unique health needs continue to gain more acceptance, likely leading to laws that even further enhance benefits and services.

Over the last few decades, VA has significantly enhanced its ability to provide care to women Veterans. The department recognizes the necessity of addressing women Veterans' health issues directly and comprehensively, with programs and experts focused on their unique health needs.

Today's 2 million women with military service represent about 10% of the country's Veterans, a significant increase from 4% in 2000. As the fastest-growing Veteran group, women will represent 18% of the Veteran population by 2040. Since 2001, the number of women Veterans using VA health care has risen from 159,810 to more than 600,000.

Although women have been serving in the military since the country's founding, 1980 was the first time the United States Census asked women if they had served in the Armed Forces—1.2 million answered yes. VA and Congress immediately began efforts to publicize VA services.

A 1982 General Accountability Office (GAO) report found that VA provided women with neither complete physical examinations nor gynecological services. A 1985 study determined that more than half of Veteran women did not know they were eligible for VA care, and that they experienced cancer at twice the rates of non-Veteran women, with gynecological forms of cancer the most common. It was clear that women Veterans could not access the care they needed.

VA established the Advisory Committee on Women Veterans in 1983, followed by the launch of the Women Veterans Program Office in 1984 and the Veterans Health Administration (VHA) Office of Women's Health in 1988. Although services improved, a 1991 GAO report and congressional hearings revealed the need to do more.

The Veterans Health Care Act of 1992 expanded PTSD services to include military sexual trauma (MST). These efforts have improved the culture at VA—women Veterans have fought for and gained respect for their health care needs.



Women will represent 18% of the Veteran population by 2040.

## Improving services, enhancing quality

Although services for women Veterans have vastly improved, women who served in the military still face issues when seeking care. Too often they are mistaken for a spouse, suffer from harassment or don't know all the benefits available. To achieve health equity—and eliminate historic and systemic inequalities—VA must address these barriers directly.

Women Veterans face greater risk of chronic pain, musculoskeletal conditions, PTSD and MST. The VHA Office of Women's Health oversees this effort to train providers to understand and treat these issues. In the 34 years since its launch, it has led VHA's efforts to improve services for women Veterans.

The office focuses on primary and comprehensive care, including health and wellness checks and screenings; reproductive health, from birth control to childbirth preparation to menopause; pain management; MST; and mental health services. The office also offers specialty services, from gynecologic and fertility treatment—including IVF—to sensory aids and prosthetics, including post-mastectomy needs. These issues are often related; providers have expertise in addressing, for example, the relationship

between PTSD and infertility, and the mental health issues resulting from MST.

Veterans who need help accessing applicable information can contact the Women Veterans Call Center, whose trained representatives, most of whom are women Veterans themselves, can direct them to resources and services nearby. The call center also offers an anonymous online chat function, and VA medical centers are available by phone 24/7.

VA continues to enhance quality of care for women Veterans by offering every woman Veteran a women's health provider for general and gender-specific primary



▲ The Women Veterans Call Center can direct women Veterans to resources and services nearby. VHA Office of Women's Health

◀ VA North Texas Health Care System held a health fair in March to educate patients and employees on programs and services available for women Veterans. VA North Texas Health Care System

**WOMEN ON THE FRONT LINES**  
PROVIDING HEALING AND HOPE

Nurse Blanche Ellis  
U.S. Army

Lt. Cmdr. Bernice Walters  
U.S. Navy

Lt. Pauline Curry  
U.S. Air Force

Yolanda Prince, U.S. Army Veteran  
Nurse Manager, Hampton VAMC

VA U.S. Department of Veterans Affairs

◀ The VHA Office of Women's Health offers comprehensive and specific services for many health issues women Veterans may experience. VHA Office of Women's Health

**Women Veterans Make History**  
www.womenshealth.va.gov | #WomenVets

care, as well as a Maternity Care Coordination program to support pregnant and postpartum Veterans in all VA health care systems to ensure coordination of care both in VA and in the community.

Additionally, 142 VA medical facilities have Intimate Partner Assistance Program coordinators helping Veterans access services for intimate partner violence.

***New laws support VA efforts***

New laws also support VA efforts. The Deborah Sampson Act (2020) expanded MST counseling to former Guard and Reserve members and allows VA to treat the physical health conditions from MST. The Protecting Moms Who Served Act (2021) will enhance VA maternity care by improving coordination with community care facilities providing maternity care, offer childbirth preparation and parenting classes, and provide nutrition counseling for new and expectant Veteran mothers.

"It's an important step in making sure we meet the needs of American mothers who have served," President Biden said of the Protecting Moms Who Served Act as he signed the bill into law last November.

Women Veterans' unique health needs continue to gain more acceptance, likely leading to laws that even further enhance benefits and services.

VA has made tremendous strides in delivering services focused on women Veterans' needs. It continues to improve the culture of care and provide the best services possible. VA doors are open—come on in.

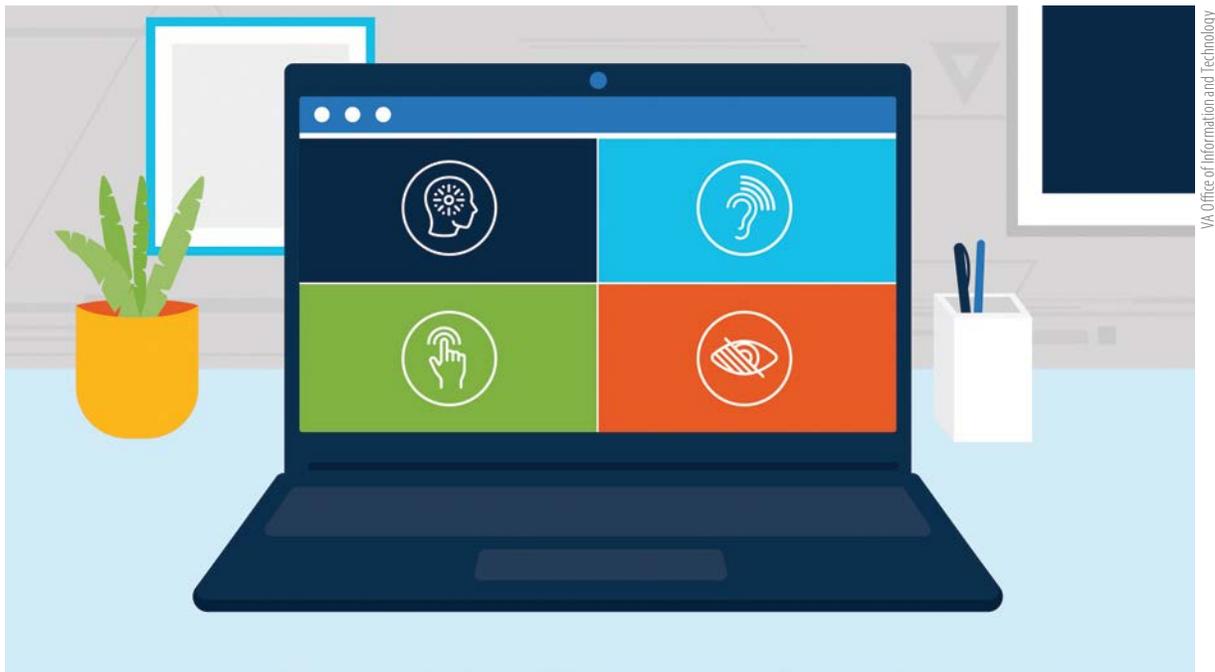
For more information, visit <https://www.womenshealth.va.gov/>. ♦





# Accessibility Starts with You

By Office of Information and Technology



Digital products should be accessible to those with visual, hearing, mobility or cognitive impairments.

**“We have an obligation to make sure all VA websites and digital information work for all Veterans.”**

– Martha Wilkes

**A**ccessibility at VA is essential—and means a lot more than you might think. When the word “accessibility” comes to mind, you might think wheelchair ramps or Braille elevator buttons, as these are so ingrained into our day-to-day lives. But accessibility is much broader than most people realize.

“I was explaining accessibility to somebody, and they passed along an anecdote about a Veteran who came into one of our VA facilities to check in for an appointment and this individual had lost both of his arms in combat operations in Afghanistan,” said Stephen M. Walker, IT Specialist with the Office of Information and Technology.

“He walks up to a kiosk to check in and of course our kiosks are touch screen only, so in using our technology we actually disabled this individual. No matter what we’re doing with our technology, we have to think about all the users who are going to take advantage of this technology from the very onset.”

At VA, accessibility is about more than ensuring our Veterans can physically access the spaces they need to receive care. Accessibility also means having access to digital resources and technologies.

Both physical and digital accessibility are part of VA’s steadfast and strong commitment to ensuring access is as widely available to all as possible, regardless of ability. This includes the Veteran community as well as the VA workforce.

## ***What is digital accessibility?***

*Digital accessibility* is the practice of making our information usable by as many people as possible. Digital accessibility to all our online information and products is an important function of VA staff as we deliver services and benefits to Veterans.

“We have an obligation to make sure all VA websites and digital information work for all Veterans,” said Martha Wilkes, Accessibility Strategist in the Office of Information and Technology’s Office of Chief Technology Officer.

Digital accessibility means making our emails, presentations, newsletters, posters, websites and other digital products usable by as many people as possible. This includes those with visual, hearing, mobility or cognitive impairments.

About 12% of VA employees use assistive technology. This includes screen readers, teletype and telecommunications devices, and speech and sound input programs. No matter the percentage of employees or Veterans, everyone needs accessible materials.

## ***Does 508 compliance equal accessibility?***

Accessibility and compliance are not the same. Compliance means adhering to legal and regulatory requirements. In this case, [Section 508](#) of the Rehabilitation Act of 1973 and the [Plain Language Writing Act of 2010](#).

In fact, Section 508 compliance is the bare minimum. True accessibility hinges on the foundation of inclusiveness. For instance, Section 508 compliance is ensuring that a document that VA produces meets minimum standards, such as photos having alt-text that screen readers can use to convey information to blind Veterans, or that text is readable and complies with contrast guidelines for Veterans who are color-blind, have low vision, challenges with color perception or other eye-related issues.

## ***Accessibility goes beyond that.***

For example, it is ensuring that even sighted employees who might need to watch a video without sound can do so with the help of closed captioning. It’s supporting a new employee who is trying to wade through the myriad abbreviations we so often use. It’s thinking about a caregiver who also has a newborn and needs to interact with VA websites while also attending to their baby.

“VA has one of the largest employee populations as well as customer populations with these challenges,” said Walker. “And it is our mission, as much as it is anybody else in the government, to make sure that we consider all our Veterans, so that we meet all of their needs. If we’re keeping this in mind, we should have accessibility at the forefront of everything we do.”

At VA, accessibility includes having access to digital resources and technologies.

# Accessibility at VA

## How can you help?

Make your digital products accessible. Last year, VA launched a [DigitalVA Accessibility Guide](#) on the Office of Information and Technology's *DigitalVA* public-facing website. The guide is to help educate VA staff on the fundamentals of accessibility. It gives useful tips for making accessible documents in common formats like PowerPoint and MS Word.

The *DigitalVA* Accessibility Guide provides practical instructions and helpful hints for ensuring the digital content you as VA staff create every day is accessible. The guide takes you through each step of the process to ensure proper color contrast, document structure, alternative text (alt txt) and more.

"The idea is that it will eventually become the VA standard for a simplistic way of learning about accessibility," Walker said. "If we don't take accessibility into account at the very onset of anything that we're doing, we sort of take the easy way out at the beginning; it becomes more costly in manpower dollars, or technology to make our products accessible for everyone."



Scan the QR Code here to go directly to [VA's DigitalVA Accessibility webpage](#) for guidance and resources.

Accessibility isn't an afterthought, nor is it optional—it is essential! So, remember to:

1. Make all your digital products accessible, in addition to Section 508-compliant.
2. Bookmark, reference and use our [DigitalVA Accessibility resources and product guides](#) to build accessibility into your digital products from the start. ♦



# On the Recruitment Front Lines: Tackling Shortage Occupations

By VA Careers

What would happen to Veterans' health if there weren't enough doctors, nurses, administrators and other staff to keep VA health facilities up and running? VA Careers, along with other programs and offices, has the enormous responsibility of making sure that doesn't happen.

As the nation's largest integrated health care system, it's critical for VA to maintain adequate staffing to continue providing quality care for all Veterans enrolled in VA health. But stiff competition from other health care systems, made worse by the COVID-19 pandemic, has made attracting health professionals to work at VA a real challenge. This challenge is compounded by retiring employees, creating a national workforce shortage across VA's health system, especially in rural areas.

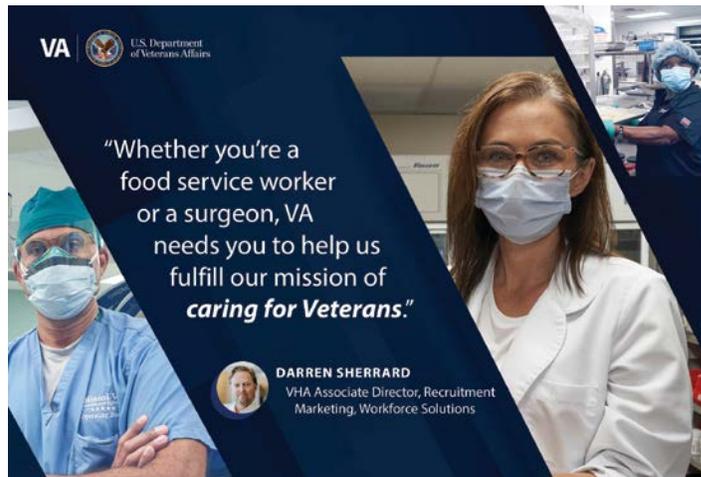
The VA Careers program, in the Veterans Health Administration's (VHA) Workforce Management and Consulting Office, helps recruit and encourage qualified candidates to apply for openings by raising awareness of VA as an employer of choice and driving candidates to the [VA Careers website](#) and [USAJobs](#).

Although doctors and nurses most often come to mind when we think of the health care workforce, there are many nonclinical roles, such as human resources and engineering positions, that are also essential to keeping health systems operating smoothly and safely. VA facilities, like other health facilities around the country, have felt the impact of both clinical and nonclinical occupation shortages.

VA health systems have reported the following clinical occupations as having the greatest shortages, according to "Shortage Occupation Report: FY 2021 Workforce Planning Cycle": physician, registered nurse, psychologist, practical nurse, medical technologist, diagnostic radiologic technologist, social work, nursing assistant and medical technician.

Nonclinical shortages include environmental services technician (custodial worker/housekeeping aid), police officer, medical support assistant, general engineer, food service worker, medical records technician, biomedical engineer, contracting, human resources manager and human resources assistant.

"Whether you're a food service worker or a surgeon, VA needs you to help us fulfill our mission of caring for Veterans," said Darren Sherrard, Associate Director of Recruitment Marketing and Workforce Solutions at VHA. "At VA, we're a team, and each member of the team is important."



Like other health facilities around the country, VA facilities have felt the impact of both clinical and nonclinical occupation shortages.

## Tackling the shortage

To help alleviate the problem, VA Careers created a shortage occupation spotlight campaign last year to coincide with VHA's 75th anniversary. Each month, the campaign—which continues in 2022—features one shortage occupation, with the goal of increasing the number of applicants and, ultimately, new hires.

Our multi-pronged recruitment marketing approach starts with a plan outlining our tactics, such as developing a [Vantage Point blog](#), social media posts promoting each career, and paid media advertising. In addition, our quarterly virtual career open house features physician and nurse recruitment booths, along with a booth highlighting an additional shortage occupation. Potential job applicants may visit the booths and meet with VA recruiters in their field of interest.

## Keeping it going

While our campaign and other recruiting activities have raised awareness of shortage occupation vacancies and contributed to VA's 2.6 million applications and nearly 51,000 hires in fiscal year 2021, much remains to be done.

"We continue to count on our employees to help us grow our talent by becoming VA ambassadors," said Sherrard. "Interested applicants need to hear from you why VA is a great place to work."

To keep up with our recruitment efforts and latest resources:

- [Subscribe](#) to our monthly internal newsletter.
- Visit our website at [www.vacareers.va.gov](http://www.vacareers.va.gov).
- Like and share our content on [Twitter](#), [Facebook](#), [Instagram](#), [LinkedIn](#), [YouTube](#), and [Glassdoor](#). ♦

# Fostering Change Through Civic Engagement

By Center for Development & Civic Engagement

**V**A's Center for Development & Civic Engagement (CDCE) is one of the largest integrated volunteer programs in the federal government. The employees who run the program understand that volunteerism is one of the hallmarks of a civil society.

"In VA, we recognize the value of volunteers and community partners," said the CDCE's Director, Dr. Sabrina C. Clark. "Since 1946, individuals and communities across the country have been devoted to serving Veterans, coming together around a single shared mission—the care of Veterans, families and caregivers."

The killing of George Floyd by a Minneapolis police officer in 2020 and the social unrest that followed prompted the CDCE staff to form the Task Force for Socially Conscious Civic Engagement. Its mission is to enhance and support a fair and just organizational culture within VA through educating and building awareness of the volunteers and community organizations who serve within the department.

"Finding a common purpose is the point where civility towards one another begins," said Clark. "It's an understanding that civic engagement is an investment of our social capital. Our previous director said it best: 'It's all about relationships.'"

With that thought firmly embedded in the mindset of CDCE staff nationwide, the 10-member task force set out to explore how to design education and listening sessions for volunteers and community partners around diversity, equity and inclusion, given their significant role in VA's culture, particularly the Veterans Health Administration.

In response to the Biden administration's renewed emphasis on the federal government's commitment to inclusion, diversity, equity and access, or I-DEA, the committee is currently heavily involved in VA's I-DEA Journey and taking part in the work of the I-DEA Sub-Council.

**"Finding a common purpose is the point where civility towards one another begins."**

– Sabrina Clark

## ***Building strong communities***

With "building relationships" as a foundational principle, members of the task force became involved in the design of the I-DEA Showcase Series to help bring VA's I-DEA initiative to employees and transform the culture of VA in the way communities always have—through the arts and humanities.



This piece, "COVID Tears," was featured in VA's I-DEA Showcase Series, which used the arts to facilitate discussion on important issues that divide communities. The artist, Army Veteran Alicia Christy, M.D., is Deputy Director of Reproductive Health Services with the VHA Office of Women's Health.

The I-DEA Showcase Series explored inclusion, diversity, equity and access using music, art and poetry to facilitate discussion and reflection on important issues that divide communities. Differences expressed through the arts were no longer divisive. They became conversations that brought people to a place of empathy and understanding, because they reacted to the art and not each other.

Participants listened and viewed diverse perspectives with wonder and curiosity, leaving those who gathered for these events feeling more like a community. Building strong communities through civic engagement will remain an ongoing goal of the task force.

When members of the task force were asked about their experience being part of this team, their responses were heartfelt and genuine. Gregory Gray, Voluntary Service Specialist, VA Central Texas Health Care System, said, "It has been one of the greatest joys since joining VA."

A diverse group in every way, each member shared their own lived experiences and feelings about diversity, equity and inclusion. There was no shortage of disturbing tales, but there was also no shortage of lessons learned or courageous spirits.

The CDCE Task Force for Socially Conscious Civic Engagement represents one of the positive outcomes from the social unrest of 2020. Including internal partners as part of their team, Chaplain Sammy R. Miller Jr., from the Columbia VA Health Care System in South Carolina, added a clear vision for the group's goal: "... the capacity to encourage, empower and inspire change without pushing an agenda." ♦

# Steady Leadership in Challenging Times





Dr. Steven Lieberman joins former VHA Chief of Staff Jon Jensen on the set for Chats with the Chief video podcast.  
VA Photo

**W**hen Dr. Steven Lieberman began leading the Veterans Health Administration (VHA) last July as acting Under Secretary for Health, VA's health care system was deep into what few would argue has been the most challenging period in its history.

Chief among those challenges was a pandemic that has dragged on for more than two years, straining resources and testing the resiliency of employees who have cared for Veterans while fearing for their own safety and that of their families.

Dr. Lieberman recently took time out to reflect on his tenure at the helm of VHA. He touched on accomplishments and challenges, as well as personal topics like why he chose a career with VA and what inspires him in his daily work. This interview has been edited for length and clarity.

◀ Dr. Steven Lieberman speaks during the groundbreaking ceremony for the new 58-bed VA hospital in Tulsa, Okla., last October.  
Eastern Oklahoma VA Health Care System

## ***What do you consider VHA's key accomplishments during your tenure?***

I aspire to what is called servant leadership. I see my role primarily as ensuring leaders and staff have the tools that they need to be successful. The most pressing matter while I was acting Under Secretary was meeting all the challenges of COVID-19. I think we did that.

We focused on keeping Veterans, staff and visitors safe. We focused on ensuring we had adequate supplies. We focused on making sure we had adequate access. A big part of that was growing telehealth. We had the best year ever in 2021, through a combination of virtual and in-person appointments.

Ensuring we optimized VA's 'Fourth Mission' is another area that was important to me. I was an original member of the ESF group, an interagency team led by HHS. ESF-8 is emergency support function 8, which has to do with medical care and public health. In the beginning, they said we're glad VA is at the table, but we're not sure you can really help us. They very quickly learned VA could help this country in times of stress.

because I believe every Veteran should be welcomed at VA. No matter what their gender, race or sexual identity is.

We've been focusing on a multi-pronged approach.

I have also been passionate about diversity, equity and inclusion. We were able to recruit one of the country's top leaders in this area, Terry Allbritton, and we want to make sure our workforce at all levels truly reflects the population we serve.

We focused on health equity a lot during the pandemic. One area where we did that was with vaccines. We had listening sessions with different Veteran populations to learn what it was going to take

for them to support getting vaccinated and overcome any barriers. We learned a lot and did well with reducing disparities. In fact, some of our minority populations had higher vaccination rates than other populations.

The other big accomplishment in the last year was the AIR [Asset and Infrastructure Review] Commission recommendations. We still have a long road ahead with the AIR Commission. But we have created a road map for the future of how VA should look, where we should be located, what kinds of services we should provide, and

how we can also continue to excel in training and research as a part of this modernization.

## ***What has been your proudest moment leading VHA?***

It's really a series of moments over the course of the pandemic. I witnessed our employees overcome challenge after challenge in serving America's Veterans, and they never weakened. They got stronger and found more efficient ways to care for Veterans when those Veterans needed help the most, even when staff were mourning the loss of patients they cared for, sometimes their colleagues, family members and friends.

They often had to cover for coworkers who were exposed or sick and unable to work and they just did it. They kept on delivering for Veterans, and this devotion was not the exception among employees. It was the rule, and I'm so proud to have served with all of them during this time.

**"There is no finer mission anywhere in health care and frankly in any organization, anywhere, than caring for those that have served."**

– Dr. Steven Lieberman



Dr. Steven Lieberman talks with a Veteran at last year's National Veterans Wheelchair Games in New York City.  
VA Photo

Another accomplishment I'm proud of is the assault and harassment prevention team that I worked with Lelia Jackson to form. This has been so important to me

### ***What has been the most challenging part of this role?***

We knew even before the pandemic that burnout in health care is a serious problem, and it was only magnified during the pandemic. Literally on my first day in the acting role, I chose to make this a priority. I sent an email to staff about my concerns, and I wanted to hear their ideas. Within the first couple of days, I heard from over 400 staff.

We formed the REBOOT [Reduce Employee Burnout and Optimize Organizational Thriving] Task Force. Although this was led by Mark Upton and Jessica Bonjorni from headquarters, we also had it co-chaired by Marcia Lysaght, who was the Associate Director for Patient Care Services at VA Greater Los Angeles. We had a lot of representation from the field on this group.

The group is still meeting and likely will meet for years to come. We're obtaining more suggestions from our workforce through listening sessions, looking for best practices and finding the best way forward.

We'd like to be an employer of choice in this area. This is not something that you can fix overnight. We will continue to make improvements over time and keep seeking feedback from our employees. Also recognizing the value of taking a day off and encouraging everyone to take care of themselves, spend time with loved ones and focus on their own health and well-being, because this journey really is a marathon.

### ***How would you assess VHA's performance during the pandemic?***

In a couple of words, outstanding and inspiring. Since we had the first COVID-19 case in March 2020, our medical staff have performed stunningly well under very challenging circumstances. They have worked tirelessly to ensure the health and safety of our Veterans and their colleagues. Our staff have worked long hours, extra shifts, often under conditions of fear and uncertainty, especially early in the pandemic, while combating the stress of keeping their families safe.

We've vaccinated nearly 4.5 million people, about 4 million of those are Veterans. As I already mentioned, in 2021 we saw more outpatient visits than ever before, about 78.8 million. We increased our video health visits to home, which is called VA Video Connect. Before the pandemic, we were doing 2,500 appointments a day. Now we are doing about 41,000 appointments a day. We achieved that through partnering with OI&T, making sure we had the necessary infrastructure and equipment.

We have published hundreds of research papers that have benefited not just VA but the country and world, on a variety of topics, including vaccinations and medical treatments. We've also partnered with FDA, NIH and CDC on many of these trials.

And we completed 196 Fourth Mission assignments in 48 states and a variety of other locations. One thing we did is open beds across the country, 700 admissions of civilians to VA hospitals, never at the expense of turning a Veteran away. But we were able to help hospitals that were really struggling with admissions and decompressed them.

### ***Why did you choose to pursue a career as a physician leader in VHA?***

First, I would say there is no finer mission anywhere in health care and frankly in any organization, anywhere, than caring for those that have served and who have pledged their lives in the service of their country. It is truly a privilege to provide care to those that serve in the military, and I've had many family members who served.

Not only is VA a wonderful health care organization with a special mission, but we are also a leader in research, so that was one of the things that drew me, as well as training. I first fell in love with VA when I was a student at the East Orange (N.J.) VA. My admiration was strengthened when I did rotations as a resident at the Wilmington (Del.) VA and then as a fellow in pulmonary and critical care at the Boston VA.

The leadership part really came about by accident. I was offered an opportunity to chair a committee and then to be the Associate Chief of Medicine. It wasn't something that I necessarily aspired to do. But as soon as I did it, I recognized it was something I enjoyed and found fulfilling. I've been so honored to be in these leadership roles, particularly serving this past year in the Under Secretary for Health role.

### ***What inspires you and gives you the energy to work long hours leading VHA?***

Many Veterans that I have cared for over the years have inspired me with their stories of service. Certainly, the Veterans are a major inspiration for me and making sure they receive the best care anywhere, anytime. I'm also immensely honored to serve with my colleagues who have been coming to work every day under very trying circumstances. About a third of them are Veterans themselves, and they have done an amazing job with offering care, providing comfort, a smile or supportive word at the right moment.

All these things are what get me up early in the morning and keep me going all day long. I really do look forward to coming to work. I cannot think of a better way to have spent over 30 years of my career than to have served in this extraordinary health care institution and in this position at a time like this. I'm so proud of this workforce and I hope they're proud of the job they've done. ♦

# *Celebrating 100 Years of Service to Veterans*

By James Reed and Ann Richardson



**V.A. DELIVERS**

**World-class benefits  
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and their families.**

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EDUCATION



**W**hile Veterans received some sort of compensation from the federal government since the American Revolutionary War, the first consolidation of Veterans programs took place on Aug. 9, 1921, when Congress combined all World War I Veteran programs to create the “Veterans Bureau,” a precursor to today’s VA.

The new agency began to open 140 field offices. The purpose of these field offices was, in the words of the bureau’s founding director Charles R. Forbes, to “bring all of the activities of the Veterans’ Bureau closer to the men they serve.”

To meet the needs of an estimated 100,000 North Carolina WWI Veterans, the bureau created two sub-district offices in the state. They reported to the district office in Atlanta, which also managed field offices in South Carolina, Georgia, Florida and Tennessee.

The Veterans Bureau installed one office in the Charlotte Mint and Assay Building, built in 1837 to process gold and mint coins from the North Carolina gold rush of the 1830s. Since the government already owned the 5,700-square-foot structure, the agency could use it free of charge.



▲ Robert “Bob” Patterson was one of three Medal of Honor recipients from the Vietnam War who worked at the Winston-Salem VA Regional Office.

Air Force Photo

◀ Winston-Salem VA Regional Office employees conduct a weekend claims clinic for Veterans in 2015.

Winston-Salem VARO Photo

The second office was a former bank in downtown Raleigh, which the bureau leased for \$1,740 a year. Elsewhere in the state, the Veterans Bureau operated a former Army hospital outside of Asheville. The 1,100-bed facility was among the largest in the bureau’s inventory and the only hospital in the southeastern part of the country equipped to treat tuberculosis patients.

The Charlotte office employed 92 people, while only 31 worked in the smaller Raleigh office. Employees earned an annual salary of \$1,525.

## **As employees of the Winston-Salem VA Regional Office reflect on the centennial, they look forward to finding more opportunities to serve their Veteran community.**

### *Transitioning to a regional office*

Initially, the responsibilities of these offices were limited. Duties in the two North Carolina offices included advising Veterans about the bureau’s benefits programs, assisting them with the application process, arranging physicals and supervising their vocational training.

The administrative reforms implemented by the bureau’s second director, Frank T. Hines, in the mid-1920s resulted in the closing of the Raleigh office and many of the other sub-district offices around the country. The district offices were phased out and their functions delegated to the field offices, now designated as regional offices.

In 1927, a Veterans Bureau study found that combining Veterans’ hospitals with the regional offices would save 10% on operating costs. More than 10 years would pass before the agency, now called the Veterans Administration, decided to act on this finding in North Carolina.

On Oct. 17, 1940, the Charlotte Regional Office relocated 130 miles east to Fayetteville, where it co-located with the new Fayetteville VA Medical Center. In October 1945, Fayetteville Regional Office leaders received permission to find a larger space for its workforce. The Veterans Administration approved a move back to Charlotte.

The Veterans Administration wanted to find a single, 50,000-square-foot facility to house 400 employees, but a building that met those specifications could not be found in Charlotte. However, the regional office did identify a suitable location in the north-central part of the state, in the city of Winston-Salem.

The move happened quickly. By March 1946, regional office employees were working in an unairconditioned tobacco warehouse in Winston-Salem while lease

negotiations with a more suitable location played out. Workers sweated it out until June, when VA signed a five-year lease with the Nissen Building in Winston-Salem.

### ***Finding a permanent home***

The regional office moved two more times after 1946, on both occasions to new buildings in downtown Winston-Salem. Since 1974, the regional office has called the Hiram H. Ward Federal Building its headquarters. The office also operates off-site locations at Fort Bragg and Camp Lejeune.

The office has now served North Carolina Veterans for 100 years and recently celebrated 75 years in Winston-Salem. The office had four Medal of Honor recipients become employees during its history.

Today, there are 833 employees, and while most work is done behind a desk, many jump at the opportunity to serve the Veterans in their community in person.

They host regular “Veterans Benefits Live – VA in My Town,” a one-stop-shop of services for Veterans. Employees help Veterans submit claims for pension and compensation, talk to Veterans about what they may be eligible for and have health care (including mental health), caregiver support, wellness exams, memorial benefits, and representatives from all the administrations on site.

As employees of the Winston-Salem VA Regional Office reflect on the centennial, they look forward to finding more opportunities to serve their Veteran community. ♦

*Reed is an Assistant Coach with the Winston-Salem VA Regional Office.*



▲  
Adjudication Officer John Bartruff gives a tour of the Winston-Salem VA Regional Office to congressional aides in the 1990s.

▶  
Regional Office Director Leo Wurschmidt, right, and staff members provide workload updates to Winston-Salem Mayor Martha Wood in the 1990s.

Photos courtesy of Winston-Salem VARO



# Hello, Dolly!

By Ann Richardson

If the sight of your grandmother's old china dolls gives you goose bumps, you aren't alone. While little research has been conducted on the fear of dolls, you need only look at the eight "Child's Play" movies featuring murderous children's toys to realize a lot of people shudder at the sight of them.

And VA has its own collection of them. But they're not for homicidal rampages. Just the opposite—they're for saving lives.

A medical manikin simulates patients in real-world health scenarios. They allow the people using them to train and practice for situations that may arise in the field—without the chance of harming anyone.

Learners can develop the "muscle memory" needed when performing procedures. They can make the errors they can't make when interacting with live patients.



▲ Procedure dolls from VA Mountain Home Healthcare System in Tennessee.

▶ This procedure doll shows how to use traction for a broken hip or tibia.  
Photos by Amy Ackman

They're used to learn CPR, manage a patient's airway, learn how to do injections. They can also be used to learn patient positioning and transfer techniques.

## The National VA History Center welcomes some lifelike and possibly frightening artifacts.

VA was using this teaching technique early in the 20th century, as evidenced by a crew of some doll-like manikins donated recently to the National VA History Center.

The donated collection hails from the VA Mountain Home Healthcare System in eastern Tennessee. It includes 10 dolls of varying sizes.

And they came with accessories: bed pulleys, ropes and steel bars.

Although these accessories do seem to lean more towards torture chamber than Barbie Dreamhouse, the additional eeriness has a purpose; the ropes and steel were used to train medical staff on putting patients in traction and treating fractures.

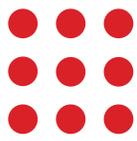
The dolls clearly illustrate how body parts should be immobilized when treating patients and the method to do so. Each doll in the collection shows a different type of procedure.

The History Center hasn't found evidence these specific medical dolls were mass-produced. It's likely available dolls were, well, "frankensteined" (so hard to get away from the spookiness), by VA staff with custom-made furniture, hardware and other materials to create these 3-dimensional representations of procedures students needed to study.

Despite suspicions the dolls' eyes are following you around the room, unlike Chucky and friends, they were created to preserve life. They helped medical personnel learn to care for Veterans while avoiding potential harm to them.

And for those who are still uncomfortable, rest assured these dolls are locked up in collection storage at night. Though have you seen "Night at the Museum"? ♦





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